

**Draft**  
**Diesel Particulate Matter Sampling Field Notes**

**U.S. Department of Labor**  
**Mine Safety and Health Administration**



1. Mine name \_\_\_\_\_ 2. Company name \_\_\_\_\_ 3. Mine ID \_\_\_\_\_
4. Name of person conducting sampling \_\_\_\_\_ 5. AR # \_\_\_\_\_ 6. Date \_\_\_\_\_ 7. Event # \_\_\_\_\_
8. Commodity \_\_\_\_\_ 9. Hours/Shift \_\_\_\_\_ 10. Production Shifts/Day \_\_\_\_\_ 11. Maintenance Shifts/Day \_\_\_\_\_
12. Type of fuel in use at the mine \_\_\_\_\_ 13. Fuel sulfur content(%) \_\_\_\_\_ 14. Type of fuel additives used at the mine \_\_\_\_\_
15. Is there a person authorized to maintain diesel equipment? Y N 16. Is there a planned maintenance program in place? Y N
17. Has diesel equipment inventory been reviewed? Y N 18. Has mine ventilation plan / map been reviewed? Y N

<b>19. Sample Cassette No.</b>			
<b>20. Name of miner sampled</b>			
<b>21. Number of miners affected</b>			
<b>22. Occupation sampled</b>			
<b>23. If a respirator is worn: brand, model, type of filters</b>			
<b>24. If a respirator is worn: is there an acceptable respiratory protection program?</b>	Y N	Y N	Y N
<b>25. Equipment operated Type or description Identification #</b>			
<b>26. Location in mine</b>			
<b>27. Is person sampled inside a cab or booth with filtered breathing air?</b>	Y N	Y N	Y N
<b>28. Temperature (°F) and humidity(%)</b>			
<b>29. Ventilation rate (CFM) in location sampled (measure if possible)</b>			
<b>30. Sample pump make/model</b>			
<b>31. Sample pump number</b>			
<b>32. Pre-calibration (average Lpm)</b>			
<b>33. Post-calibration (average Lpm)</b>			
<b>34. Sample pump time on</b>			
<b>35. Sample pump time off</b>			

	36. For each piece of diesel equipment used at the workplace sampled, list:	37. Piece # ____	38. Piece # ____	39. Piece # ____	40. Piece # ____ (Use more sample blocks if needed)	41. Other Notes/Observations - Sampling equipment checks, environmental conditions, activities, DPM controls, ventilation control structures (stoppings, doors, brattices, etc.)
Sample Cassette No. _____	A. type or description					<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Name of miner sampled _____	B. Identification #					
_____	C. equipment condition					
_____	D. Does the engine emit black smoke during acceleration?					
	E. type of DPM control devices					
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